| PATENT | APPLICATION F | EE DETEI | RMINATION | RECORD |
|--------|----------------------|----------|-----------|---------------|
|--------|----------------------|----------|-----------|---------------|

Effective December 29, 1999

Application or Docket Number

| ! | | | | | | | | | | | | | |
|---|----------------------------------|-------------------|---------------------------------|---------------------------------------|---------------|--|-------------------|----------------|--------------------|------------------------|----------------|---------------------|------------------------|
| | | | | S FILED - PART I Column 1) (Column 2) | | | SMALL ENTITY TYPE | | OR | | THAN ENTITY | | |
| FOR NUMBER FILED | | | | NUMBER | EXTRA | 1 | RATE | FEE | 7 | RATE | FEE | | |
| BASIC FEE | | | | | | | | 345.00 | OR | | 690.00 | | |
| TOTAL CLAIMS minus 20= * | | | | | | X\$ 9= | | OR | X\$18= | | | | |
| INDEPENDENT CLAIMS 3 = * | | | | | | | X39= | | OR | X78= | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | | +130= | | 1 | .000 | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | ' L | | | OR | +260= | |
| CLAIMS AS AMENDED - PART II | | | | | | | | | TOTAL OR TOTAL 640 | | | | |
| | (Column 1) (Column 2) (Column 3) | | | | | | | | SMALL ENTITY | | | SMALL | |
| AMENDMENT A | <u> </u> | REM AF | AIMS AINING TER IDMENT | ¥ | PR | HIGHEST NUMBER IEVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| NDN | Total | | 19 | Minus | ** « | 20 | = | 1 | X\$ 9= | | OR | X\$18= | |
| AME | Independent | <u> </u> * | 3 | Minus | *** | <u>3</u> | = | | X39= | | OR | X78= | |
| | FIRST PRESE | ENTATIC | N OF M | ULTIPLE DEI | PEND | ENT CLAIM | | | +130= | | OR | +260= | |
| | | | | | | | • | L | TOTAL | | | TOTAL | |
| | | (Colu | ımn 1) | | (C | olumn 2) | (Column 3) | Α | DDIT. FEE | | | ADDIT. FEE | |
| AMENDMENT B | | CL/ REM/ AF | AIMS AINING TER DMENT | | H N PRI | HIGHEST NUMBER EVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | | Minus | ** | | = | ļ | X\$ 9= | | OR | X\$18= | |
| | Independent | * | N OF MI | Minus | *** | ENT CLAIM | = | | X39= | | OR | X78= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | +130= | | OR | +260= | |
| | | | | | | | | Α | TOTAL DDIT. FEE | | OR , | TOTAL ADDIT. FEE | |
| 7 | | | mn 1) | teres and the | | olumn 2) IGHEST | (Column 3) | | | | _ | | |
| AMENDMENT | | REMA AF | INING TER DMEN!T | | PRE | UMBER EVIOUSLY AID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | . 1 | 9 | Minus | ** _ | 20 | = . | | X\$ 9= | | OR | X\$18= | |
| | Independent | • 4 | Z | Minus | *** | 3 | = 2 | r | X39= | | OR | ASE | 172 |
| | FIRST PRESE | NIATIO | N OF MU | JETIPLE DEP | 'ENDE | ENT CLAIM | | | | | ļ | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | +130= TOTAL | | OR | +260= | | |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | 122 | | |